EXHIBIT A DocuSign Envelope ID: 5E1A8D64-8DE7-4036-B601-3667D500981E Case 17-01165 Doc 27-1 Filed 04/19/18 Entered 04/19/18 15:30:12 Desc Exhibit Page 1 of 2

CONTRACT FOR SALE AND SECURITY AGREEMENT FOR SALE OF VEHICLE WITH PAYMENT OF SIMPLE INTEREST

SECTION A		CREDITOR CARVAI	NA, LLC	
Buyer's Name(s) Alicia Smit	h-Anderson	Address 63 PIERCE RD		
Name N/A		City WINDER	County N/A	
Address 650 E Azure Ave		State GA	Zip 30680-7280 Phone 8003334554	
City North Las Vegas	County N/A	Stock No. 2000112	113	
State NV	Zip 89081	Salesman N/A	Date 03/24/18	
Bus. Phone N/A	Res. Phone 7739499814			

CECTION B	DICCI	OCUPE MA	DE IN COMP	LIANCE	WITH FEDERAL	TDUTU	IN LENDING AC	\ T	
SECTION B	DISCL	.USUKE IVIA	DE IN COMPI	LIANCE	WITH FEDERAL	LIKUIH	IN LENDING AC	<i>,</i> I	
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate:		FINANCE CHARGE The dollar amount the credit will cost you:		AMOUNT FINANCED The amount of credit provided to you or on your behalf:		TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled:			
15.27	%	\$ 6,4	122.32	\$	12,090.50		18,512.82	\$ 20,2	212.82
Your Payment Schedule will be:	Number of	of Payments	Amount of Payments		When Payments Are Due				
	71		\$ 258.00		monthly l	monthly beginning 04/24/18			
	1		\$ 194.82		03/24/24				
	N/A		\$ N/A		N/A				
	_	-	interest in the Irity interest in	-	r property being p	ourchased	I.		
		-			will be charged	\$15.00 o	r 8% of the paym	ent, whichev	er is less.
Prepayment	: If you pa	ay off early, y	ou will not hav	ve to pay	a penalty.				
See your con required repa	tract docu yment in f	ments for an ull before the	y additional inf scheduled dat	ormation te, and p	about nonpayme enalties.	ent, defau	ılt, any	(e)	means estimate.

INSURANCE AND DEBT CANCELLATION

Credit life insurance, credit disability insurance and debt cancellation coverage, which is known as GAP Coverage, are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.

Type	Premium	Term	Signatures: I want credit life insurance:	Y	N/A			
Credit Life	N/A	N/A	We want joint credit life insurance:	x	N/A			
Joint	N1/0	N1/A		X	N/A			
Credit Life	N/A	N/A	I want credit disability insurance:	X	N/A			
Credit Disability	N/A	N/A	I want credit life and disability insurance:					
Credit Life				X	N/A			
and Disability	N/A	N/A	We want joint credit life and single disability insurance:					
Joint Credit Life	N/A	N/A		Χ	N/A			
and Disability	14/71	14// (X	N/A			
Debt Cancellation	N/A	N/A	I want debt cancellation coverage (GAP Coverage):					
Coverage (GAP Coverage)	14// (14/71	<u></u>	X	N/A			
You may obtain property insu	urance from anyor	ne you want that	is acceptable to the Creditor on page 1	of 7. If	you get the insurance			
from the Creditor, you will pa	y \$ <u>N/A</u>	and the	term of the insurance will be	N/A				

You, severally and jointly, promise to pay to us the Total of Payments (shown in Section B) according to the Payment Schedule (also shown in Section B), until paid in full, together with interest after maturity at the Annual Percentage Rate disclosed on page 1 of 7.

Lic. No.

N/A

Tires

Dk. Gray Color